



DIRECT DEPOSIT FORM

Please complete the direct deposit form and forward it to your payroll department for faster processing.

Authorization Code: New Change Cancel

I authorize you and Financial Plus Credit Union to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

Checking Account # \$

Savings Account # \$

each pay period. This authority will remain in effect until I have cancelled it in writing.

Financial Institution Information	Account Holder Information
Financial Institution: Financial Plus Credit Union	Name (Please print):
Address: G-3381 Van Slyke Road	SSN#:
City, State, Zip: Flint, MI 48507	Signature:
Employer Name:	Date:
Address:	
City, State, Zip:	

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TRANSIT ROUTING NUMBER (ABA)